

Maternity Leave Request Form

Name: _____ Position: _____

_____ 2 Months Paid Maternity Leave

_____ 2 Months Paid Maternity Leave + 1 Month Unpaid Maternity Leave

Expected Delivery Date	Starting Date of Leave	End Date of Leave	Total Dates Absent

* Please note that a minimum of forty-five days of employer-provided maternity leave must be used after delivery. Employee must give notice to employer 120 days minimum prior to first day of requested maternity leave

Spouse Name: _____ Position: _____

Expected Delivery Date	Starting Date of Leave	End Date of Leave	Total Dates Absent

* Please note that a spouse is eligible to receive up to three consecutive days paid leave.

Employee Signature: _____ Date: _____

Employee Signature (Spouse): _____ Date: _____

Office Use Only

Approved By Principal	Date	Approved By Director	Date	Approved By Sub-coordinator	Date